disturbances are concerned, although one may reach a juster conclusion by consideration of the physical symptoms as well. Furthermore, Meyer is of the definite opinion that the anatomical alterations observed in these cases do not admit of the assumption of a specific cause. In his cases of psychosis with autointoxication the anatomical changes were strikingly like those first described by Bonhoeffer in delirium tremens. Nothing more is to be said than that there is a general anatomical expression of the autointoxication to be observed post-mortem.

11. *Spinal Cord and Argyll-Robertson Pupil.*—Reichardt, in discussing the relation of the spinal cord to the Argyll-Robertson pupil, sets himself the following questions: Is there a characteristic degeneration in the upper cervical cord in cases of tabetic and paralytic immobility of the pupil? Under what circumstances may the spinal cord appear normal in cases of immobile pupil? Under what circumstances may this pupillary phenomenon appear in other diseases of the spinal cord? As a result of his very careful anatomical and historical discussion of the subject, he concludes that the cause of the immobility of the pupil is not to be sought in the ciliary ganglion, but that the assumption must be made that the peripheral reflex arc remains intact and that a higher arc suffers degeneration in the causation of the failure of the pupil to respond to light. He does not, however, deny that certain cells of the ciliary ganglion may be degenerative in consequence of the condition which brings about the Argyll-Robertson pupil.

E. W. Taylor.

NEUROLOGISCHES CENTRALBLATT

(Vol. 23, 1904, No. 15, August 1,)

1. Concerning Magneto-Electric and Sinusoidal Currents from an Electro-Diagnostic Standpoint. M. Bernhardt.
2. Familiar Symmetrical Monodactylia. E. Schultze.
3. Korsakoff's Symptom Complex after Brain Injury. E. Meyer.
4. What Is the Condition of the Pupil in Typical Pupillary Rigidity? L. Bach.

1. *Sinusoidal Currents.*—Continued Article.

2 *Monodactylia.*—Schultze records a remarkable case of a boy of nineteen who had only one finger on each hand and one toe on each foot. These were symmetrical. The other portions of the body were normal. The X-ray photographs show that there are only seven bones in the wrist and only three metacarpal bones in the left foot and two in the right. One sister, his mother and his mother's father have similar conditions.

3. *Korsakoff's Syndrome.*—Meyer records a case of injury to the head which was followed by the typical symptoms of Korsakoff's psychosis.

4. *Pupillary Rigidity.*—By ordinary pupillary rigidity is meant loss of light reaction and not of convergence, although this interpretation is placed upon it by some authors. Bach examined the condition of the pupils in a large number of cases of pupillary rigidity and found the pupils narrower than normal. Convergence reaction is normal, except perhaps that the pupils contract slower than usually. At times the condition of ordinary pupillary rigidity may pass into one of absolute rigidity, in which the pupils are wider than normal and do not respond to convergence or light. The latter condition may occur first and pass into the former, but the conditions may appear independently. In ordinary pupillary rigidity Bach, according to his and Meyer's experiments, places the lesion either in their inhibitory centers in the medulla oblongata or in the uppermost part of the spinal cord; and in the condition of absolute rigidity he places the lesion, first, peripherally, and secondly, either in the ciliary ganglion or in the oculomotor nucleus.

(Vol. 23, 1904, No. 16, August 16.)

1. Remarks upon Alterations in the Cerebellum in Tabes Dorsalis.—C. Weigert.

2. Concerning the Dissociation of Superficial and Deep Pain Sensation in Cerebral Hemiplegia.—LIEPMANN.
3. Concerning "Mechanismus and Vitalismus."—H. HAENEL.
4. Concerning Magneto-Electric and Sinusoidal Currents from Electro-Diagnostic Standpoint.—M. BERNHARDT.

1. *Cerebellum and Tabes Dorsalis.*—Weigert has observed for years in those cases of tabes dorsalis in which he was able to stain by the neurogliar method alterations in the molecular layer of the cerebellum. These consist in an increase and thickening of the neurogliar fibers. The same observation is true in paretics.

2. *Dissociation of Sensation in Hemiplegia.*—Liepmann records a case of an idiot with a left hemiplegia, who, when operated upon for a boil, did not manifest any discomfort while the deeper tissues were cut, but did when the skin was incised.

3. Continued article.

4. *Sinusoidal Currents.*—Bernhardt, in an exhaustive article, considers the relative value of sinusoidal currents in peripheral and spinal diseases, and comes to the conclusion that our present knowledge fails to show definitely the therapeutic value of such currents.

(Vol. 23, 1904, No. 17, September 1.)

1. Hypotonia and Hypertonia in the Same Patient. Z. BYCHOWSKI.
2. The Etiology of a Thyroid Gland Disappearance in Cretins and in Myxedema. DR. BAYON.
3. The Pupillary Changes on Lateral Deviation of the Eyeball. A. MARIANA.
4. A New Apparatus for Photographing Pupillary Movements. J. PILTZ.

1. *Hypotonia and Hypertonia.*—The author records a case of paralysis agitans in which the upper extremities were rigid and hypertonic, the facies was typical of paralysis agitans, as was also the tremor, while in the lower extremities the patient had lancinating pains, inco-ordination and hypotonia.

2. *Thyroid Gland Disappearance.*—Bayon insists upon the same etiology for sporadic and endemic Cretins, the disappearance of a thyroid gland. In sporadic cases the Cretin is born without a thyroid gland, while in the endemic form the disease of the thyroid gland will come on early in life, due perhaps to some inter-current, infectious disease.

3. *Pupillary Changes.*—Mariana discusses the causes of a contraction of the pupils in convergence, and records two interesting cases in which, on lateral deviation to the right, the left pupil contracted and the right did not. He obtained these phenomena in three cases. No definite cause as yet can be given.

4. Continued article.

(September 16, 1904, No. 18.)

1. Gluteal Reflexes. W. v. BECHTEREW.
2. The Blood Serum Treatment of Epilepsy. H. GERHARTZ, Jr.
3. An Apparatus for Determining the Brain Volume.—F. REICH.
4. The Present Status of the Question of Heredity in Neuro- and Psycho-Pathology. E. HÄHNLE.
5. A New Apparatus for Photographing Pupillary Changes. J. PILTZ.

1. *Gluteal Reflex.*—Bechterew describes aother reflex.

2. *Epilepsy.*—The treatment of epilepsy by serum injection was carried out according to Ceni's method. This depends upon two factors which are in the blood of epileptics, one a toxic and the other an antitoxic element. (Ceni's article was abstracted in a previous number of the JOURNAL OF NERVOUS AND MENTAL DISEASE.) The author treated two cases for about eighteen months, but did not obtain any results. He believes, however, that the treatment should be carried further.

3. The article is unsuited for abstracting.
4. Continued article.
5. Piltz describes a new apparatus for photographing pupillary changes. The readers are referred to the original.

(October 1, 1904, No. 19.)

1. The Present Status of the Question of Heredity in Neuro- and Psycho-Pathology. E. HÄHNLE.

In a long and exhaustive article the author discusses the question of heredity in nervous and mental diseases, and seems to agree with Sioli's views regarding the importance of hereditary transmission. He advances the following conclusions:

(*a*) The principal cause of a large number of nervous and mental diseases in about one-half of the total number of patients is an inherited neuro- and psychopathologic disposition.

(*b*) The knowledge gained by neuro- and psychopathology argues for a hereditary disposition.

(*c*) A definite exposition of the etiological factor is at present impossible.

(*d*) A differential diagnosis between hereditary and acquired diseases is at present impossible.

(*e*) The hypothesis that a diseased hereditary disposition may not be eradicated in some cases is probably an error, for such instances exist.

(October 16, 1904, No. 20.)

1 A Contribution to the Question of Choked Disc. W. UHTHOFF.
2. Microscopical Changes in a Case of Esophageal Carcinoma in the Vagus Nucleus. Preliminary Contribution. C. HUDOVERNIG.
3. A Case of Abducens Paralysis of the Extremities after Injury to the Skull. E. BLOCH.

1. *Choked Disc.*—Uhthoff refers to the work he has done either by himself or with others, and records 240 cases of choked disc. Of these all but four had a definite diagnosis; one hundred and thirty-four of these cases were due to brain tumor and twenty-seven due to syphilis, and so on. He believes that the percentage of cases due to syphilis was greater than his number indicates. He doubts the occurrence of primary optic neuritis due to infectious causes.

2. *Vagus Nucleus Changes.*—Hudovering, in a case of carcinoma of the esophagus, found alterations in the nerve cells of the ninth and tenth nucleus. He considered these alterations due to "reaction at distance." By this means he attempts to map out anatomically the relation between certain organs and their central innervation.

3. *Abducens Paralysis.*—Bloch records an interesting case in which, following a fracture of the base of the skull, there was a paresis of the external rectus muscle of the right side, and also a paresis of the right upper and lower limbs. He assumes that the involvement of the external rectus muscle was due to a hemorrhagic exudation.

(November 1, 190, No. 21.

1. The Symptomatology of Paralysis Agitans. L. BRUNS.
2. A Contribution to the Etiology of Cervical Ribs. H. LEVI.

1. *Paralysis Agitans.*—Bruns records some unusual symptoms of this disease. He has seen in a number of cases an abnormal tendency for the secretion of saliva and agrees with Oppenheim, who first described these symptoms, that it is a bulbar manifestation; but he goes farther and records four cases in which there were typical bulbar symptoms, such as difficulty in talking, swallowing, and an increased secretion of saliva. There was, however, no atrophy of the lips and tongue. Bruns assumes that the lesions in these cases are not nuclear, but that we have here a condition analogous to pseudo-bulbar palsy. He also discusses trophic symptoms.

atrophy of the limbs and the conjunction of multiple sclerosis with paralysis agitans and paralysis agitans with tabes dorsalis.

2. *Cervical Ribs.*—Levi refers to a statement of Oppenheim that in bilateral cervical ribs there is a tendency to syringomyelia. He records an interesting case of bilateral cervical ribs in which there were accompanying symptoms of multiple sclerosis. Both diseases are congenital in origin.

(November 16, 1904, No. 22.)

1. A Case of Syphilitic Meningitis of the Base and Convexity. K. SCHAEFFER.
2. A Further Contribution to the Determination of the Brain Volume. N. P. PETZY.
3. A Contribution to the Staining Methods of Nerve Fibers in the Central Nervous System. A. KOZOWSKY.

1. *Syhilitic Meningitis.*—Schaffer records an interesting case of a patient who had syphilis. The following points were of interest: In the macroscopical examination there was a complete atrophy of the right frontal lobe. This extended to the precentral convolution. The atrophy also involved the tip of the right temporal lobes, and there was absence of the right olfactory bulb. The patient had Jacksonian convulsions and disturbance of sensation, ataxia and impulsive laughing. The first three symptoms can be explained by the involvement of the right central convolutions. Concerning the impulsive laughing Schaffer agrees with Brissaud that this is probably due to a destruction of the "Faisceau psychique," whose course is between the frontal lobe and the anterior limb of the internal capsule. Concerning the secondary degenerations there was a degeneration of the anterior limb of the internal capsule and the median bundle of the peduncle, this agreeing with the findings of other authors.

2. *Brain Volume.*—The author discusses Reich's previous contribution upon the measuring of the brain volume, and advances an apparatus of his own.

3. The article is unsuited for abstracting.

WEISENBURG.

MONATSSCHRIFT FUER PSYCHIATRIE UND NEUROLOGIE

(Vol. 15, 1904, No. 6, June.)

1. Contribution to the Knowledge of the Spinal Cord and the Pyramidal Tracts of the Tripa Europaea. J. DRASEKE.
2. The Symptomatology of the Cerebellum (Cerebellar Hemiataxia and Its Origin. L. MANN.
3. Headache in Maniacal Depressive Insanity. DIEHL.
4. Electro-Diagnostical Investigations with the Help of the Condensator Method. TH. ZIEHEN.
5. Isolated Hallucinations Developing in Epileptics. LACHMUND.
6. The Annual Assembly of the German Society for Psychiatry at Göttingen from April 25 to 27, 1904. WEBER and VOGT.
7. Scientific Assembly of the Physicians of the St. Petersburg Psychiatricial and Neurological Clinic, May 16, Oct. 3 and 24, 1902, and Jan. 23, Feb. 27 and March 27, 1903. F. GIESE.

1. *Pyramidal Tracts in Talpa.*—Draseke has made a careful study of the spinal cord of the mole. He calls particular attention to a small mass of gray matter which is situated in the anterior white columns. Traced in an upward direction this area acquires medullated fibers, which can finally be seen to belong to the pyramidal columns of the medulla. It appears, therefore, that this area represents the pyramidal columns which in the lower animals, such as the mole and the hedgehog, are characterized by the fact that the medullary substance is very difficult to stain, and in the lower part of the axis cylinders appears to lose this capacity entirely. The observation confirms Obersteiner's belief that the pyramidal columns rep-